

Date Received _____
Date Reviewed _____
Reviewer's Initial: _____
Approval: Yes _____ No _____

ALABAMA SURFACE MINING COMMISSION
APPLICATION FOR BLASTER'S CERTIFICATION

NAME: _____ SS#: _____
Last First Middle

ADDRESS: _____
 Street City State Zip

[illegible]

TELEPHONE #: _____ E-MAIL ADDRESS: _____

EDUCATION:

List formal classes you have taken which relate to the use and handling of explosives.

| | <u>School</u> | <u>Subject</u> | <u>Class Hours</u> | <u>Date Attended</u> |
|----|---------------|----------------|--------------------|----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

ANSWER THE FOLLOWING QUESTIONS EITHER YES OR NO BY A CHECK MARK IN THE APPROPRIATE SPACE.

- 1) Have you ever had a blaster's certification or license from any jurisdiction denied, suspended, or revoked?
Yes ____ No ____
- 2) State whether you are:
 - a) under indictment for, or have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? Yes____ No____
 - b) a fugitive from justice? Yes____ No____
 - c) an unlawful user of or addicted to any controlled substance? Yes____ No____
 - d) adjudicated a mental defective or have been committed to a mental institution? Yes____ No____
 - e) an alien (other than permanent resident alien or other excepted alien)? Yes____ No____
 - f) dishonorably discharged from the military? Yes____ No____
 - g) a citizen who has renounced your U.S. citizenship? Yes____ No____

If the answer to any of these questions is Yes, please explain on an attached sheet.

BLASTING EXPERIENCE:

For each place of employment where you have had direct experience working with explosives, provide the following information. **BE SPECIFIC.**

1. Employer's Name: _____
(Company Name)

Address: _____
(Business Address) Street City State Zip

Phone Number: _____ Name of Supervisor: _____

Date of Employment: _____
From To

Duties or Responsibilities: _____
(Be Specific)

2. Employer's Name: _____
(Company Name)

Address: _____
(Business Address) Street City State Zip

Phone Number: _____ Name of Supervisor: _____

Date of Employment: _____
From To

Duties or Responsibilities: _____
(Be Specific)

3. Employer's Name: _____
(Company Name)

Address: _____
(Business Address) Street City State Zip

Phone Number: _____ Name of Supervisor: _____

Date of Employment: _____
From To

Duties or Responsibilities: _____
(Be Specific)

CERTIFICATION

I certify under penalty of law that all answers given herein are true, correct and complete. I further certify that I am familiar with State and Federal law relating to the handling and use of explosives. Further, I certify that I am not prohibited by Federal law or otherwise from transporting, receiving or possessing explosives or explosive materials, and should there be any change in my status in these regards during this certification period or any renewal thereof, I will immediately notify the Alabama Surface Mining Commission of such change.

Signature of Applicant

Name of Applicant (Type or Print)

State of Alabama)

_____ County)

Before me, the undersigned authority, personally appeared and having been first duly sworn upon his oath, deposes and says, that he has read the foregoing application and he is the person described therein and acknowledged to and before me that he did execute same and that the facts and matters alleged therein are true and correct to the best of his knowledge, information and belief.

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public

